

# CHENAULT HAMMOND, P.C.

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PARALEGAL

The information used in this form will be kept in the strictest confidence. Please answer **ALL** of the questions completely. We cannot prepare documents for filing with the court system if we do not have this **COMPLETED** questionnaire

**YOU:**

Your Name: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_

Your Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Your Phone #: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

How long have you resided at your current address? \_\_\_\_\_

Your Employer's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

What is your gross monthly income: \_\_\_\_\_

Who is your health insurance provider: \_\_\_\_\_

What is your monthly premium: \_\_\_\_\_

Is/are the child(ren) covered by your policy: \_\_\_\_ Y/ \_\_\_\_ N

What is the total number of people covered by this policy: \_\_\_\_\_

**OPPOSING PARTY:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

**CHILD**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_

Primary Address: \_\_\_\_\_

**CHILD**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_

Primary Address: \_\_\_\_\_

**CHILD**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Are you seeking primary or joint custody?

If primary, who will be the primary custodian?

What visitation arrangements have you agreed to (ie, every other weekend, week on/week off, 2/2/3, etc.)

Which spouse carries the children on their health insurance policy? If the child receives Medicaid, please note this below.

Who will claim the child on income taxes each year?

How much is the insurance premium?

How many people are covered under this policy?

Do you rent or own the marital residence?

If owned or mortgage, are both parties name listed on the mortgage and/or deed?

Will the home be sold or refinanced?

If refinanced, who will be responsible for the mortgage post-divorce?

Please List Assets that you contend **ARE** marital property:

Please list your assets that you contend ARE NOT marital Property:

Please list any debts that should be jointly split.

Please list any debts that should be your spouse's responsibility solely:

Please list any debts that should be **your** responsibility solely:

Are you dividing any 401k's Roth/IRA, or Stock accounts? If so, please list the plan/provider name.

Please list the year, make and model of vehicles owned by you and/or your spouse and who will retain ownership of such vehicles

Do you jointly own any business?

Please list your date of marriage:

Please list your date of separation:

Please list your place of marriage:

NOTES

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